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|--|------------------------|------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) 062398 |
| Application Number | 10/577,129-Conf. #8186 | Filed January 5, 2007 |
| For CLEANING AGENT FOR SUBSTRATE AND CLEANING METHOD | | |
| Art Unit | 1796 | Examiner G. R. Deicotto |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> |
|---|------------|-------------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$ 130.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2866.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 65,127

☐ attorney or agent under 37 CFR 1.34.
 Registration number if acting under 37 CFR 1.34 _____

/Bernadette K. McGann/
Signature

August 12, 2010
Date

Bernadette K. McGann
Typed or printed name

(202) 822-1100
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.